City of Rockford, Illinois
Community & Economic Development Department
Construction and Development Services 425 East State Street, Rockford, IL 61104 Phone: (779) 348-7158 Fax: (815) 967-4243

Web: www.rockfordil.gov



## RESIDENTIAL BUILDING PERMIT APPLICATION

One and Two Family Dwellings and their Accessory Structures

		Applic	cant to comple	ete se	ections I-VII (pages	: 1-2)	App. #:		
I. Project & Owner Information									
Project Address							P.I.N.		
Subdivision					Block	Lot			
Owner's Name					Phone		Email		
Owner's Address					City	State Zip		Zip	
II. Construction II	nformation	1							l
A. Occupancy	B. Type of	Construction	C. Type of im	nprov	vement (check all t	hat apply)			
☐ One Family (R-3)	☐ Wood Frame (V-B)		☐ New Buildi	☐ Addition	☐ Repa	pair 🗆 Interior Demo.			
☐ Two Family (R-3)	☐ Other:		☐ Foundation	ly   Remodel/Alt	inge of Use scribe below)				
Describe full scope of work						χ			
D. Building Height & F	loor Areas								
Floor Areas (as ap Square Foot		Existir	ng	Remodel/Alteration		New / Addition		TOTAL per floor	
☐ Finished Bas									
☐ Unfinished Bas	sement								
First Floor									
Second Floo	or								
Third Floor									
TOTAL LIVING	AREA								
Garage: ☐ Attached ☐ Detached ☐ Carport									
Detached Accessory  ☐ Shed > 120 sf	/ Structure								
Deck: ☐ Attached	☐ Detached	1							
E. Building Height & A	ttributes	•	l e			l			
Grade at Entrance to Attributes Per Top of Highest Roof: feet Dwelling			Per Bedrooms: Bathroom			e Full:		Partial:	
III. Construction V	'aluation	leet   Bweining		Do	aroome.	Battiloome	). 1 UII.		Tartial.
Total Cost of Project (ALL TRADES) (Labor, Materials, Overhead & Profit):					Expected Expected Start Date: Completion Date:				
IV. Designated Responsible Party for Payment of Permit Fee									
Role in Project (i.e. general contractor,		<u> </u>			- <del> </del>				
Name					Company				
Address				City			State Zip		Zip
Phone Fax				Email				<u> </u>	

Rev. 11/17/2008

V. Contractors / Design Professional (if applicable)							
A. General Contractor							
Contact Person	Company						
Address	City	State	Zip				
Phone/Fax	Email						
B. Electrical Contractor (City Registration and Separate Permit Requir	red)						
, , , , , , , , , , , , , , , , , , , ,	Phone	Reg. #					
C. Mechanical Contractor (City License and Separate Permit Required	1)						
	Phone	Lic. #					
D. Plumbing Contractor (State License and Separate Permit Required	) Phone	Phone Lic. #					
E. Roofing Contractor (State License Required)							
	Phone	Lic. #					
VI. Contractors / Design Professional (if applicable)							
F. Architect/Engineer (if applicable)							
Name	Company						
Phone/Fax	Email						
VII. Applicant's Certificate							
As Owner or the Owner's authorized agent of the property for	r which this application is being	g filed, I hereby	certify:				
1. The description of use and information contained on this	application is correct and;						
2. The structure will not be occupied or used until a Certifica	te of Occupancy is issued by the	Building Departm	ent and;				
3. The project will comply with all conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and;							
<ol> <li>No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto.</li> </ol>							
5. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations)							
6. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf of the owner as his/her agent.							
Applicant if other than the Owner:							
☐ Contractor ☐ Architect/Engineer ☐ Contract Buyer ☐ Other							
Provide legal address, phone and signature of applicant to affirm the above statements							
Name	Title						
Company	Phone						
Street Address	City	State	Zip				
Signature		Date					
X							

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Project Information	<u> </u>		^^IO be comp	leted by Sta	<u> </u>					
Project Information Project Address				P.I.N. #				Zoning		
110,0017.00.00	District									
'     Voo     No			Were Variations Granted?	☐ Yes ☐ No				Date		
Required Setbacks North: East:			East:	South: West:						
(feet) Proposed Setbacks					_					
(feet)	North:		East:		South:		We	est:		
Building Height (grade at front door to highest roof, or mechanical or architectural appurtenance):feet			Is the <b>height of the</b> <pre>structure under allowable limits?</pre> □ Yes □ No □ Existing					Existing		
Are Public Sidewalks Required?   Is Landscaping Required?			Is Off-Street Parking Required? Required Provided							
☐ Yes ☐ No ☐ Existing ☐ Yes ☐ No ☐ Existing				☐ Yes ☐ No ☐ Existing						
Do the Following Apply?										
Is the property in an Enterprise Zone?	property in an		Does Historic Is Drainage Preservation required from Ordinance Apply? Engineer?			Is Access Permit required from City Traffic Engineer?				
☐ Yes ☐ No	☐ Yes	□ No	☐ Yes ☐ No	□ Yes □	No	o ☐ Yes ☐ No		☐ Yes ☐ No		
Planning & Zonin	g Section	Staff Con	nments							
Zoning				Date	Zoning	Zoning Clearance #: Fee				
Clearance By:					[Inv#			[lnv#	]	
Is a Public Works Clea	arance Requ	ired? [Curb	Cut / Driveway / Flood V	Vay / Drainage /	Other]					
☐ No, not required. ☐	Yes. See a	attached sigr	ned Public Works clearar	nce form.						
Is a Water Fee Paid?										
☐ No, not required. ☐	Yes. Verifi	cation provic	led.▶ Water Ref. #:			☐ Yes.	Fees are cha	arged with th	nis permit.	
·	Date	P.W. Cle	earance #:		Fee	<u> </u>				
Public Works Clearance By:					\$	<del></del>				
olearance by:					[Inv#	]				
Building Code Section Staff Comments (permit is subject to the following comments and conditions:)										
Calculated Construction Cost:										
Duilding Down it #						Permit Fee				
Building Permit #:		Processi		\$						
Other Permit #:				Subtotal \$		\$				
				Date			\$			
Approved By:							-			
				TOTAL FEES:		\$				
							[Inv#		]	